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Bib Data Sheet

|                             |  |              |                        |  |
|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER<br>10/720,799 | FILING OR 371(c)<br>DATE<br>11/24/2003<br>RULE | CLASS<br>382 | GROUP ART UNIT<br>2624 | ATTORNEY<br>DOCKET NO.<br>901120.90011 |
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/429,612 11/27/2002

*AL*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None AL*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/11/2004

|                                 |  |                  |                |              |                    |
|---------------------------------|--|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | WI               | 9              | 32           | 3                  |
| Verified and Acknowledged       | <i>Examiner's Signature</i> <i>AL</i>  | Initials         |                |              |                    |

## ADDRESS

26710

## TITLE

Intelligent medical image management system

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>558 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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